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From: Kenneth J. Cool

Date: June 30, 2004 Time: _____

Docket Due Date: 06/12/2004

Operator: Krista Mathieson Matter: 423990P12216

Number of pages including cover sheet: 12

In Re Patent Application of: William M. Parrott

Application No.: 09/385,607

Filed: August 30, 1999

For: "Secure Transaction Modem"

Enclosed are the following documents: Attached are the following:
the Transmittal form, the Fee Transmittal (In duplicate), the Response to the
Office Action Mailed March 12, 2004 and a 1 month Extension of Time Request.

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Date of Transmission Krista Mathieson

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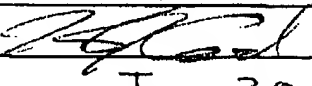
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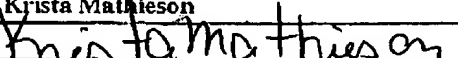
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application No.	09/85,607	
	Filing Date	August 30, 1999	
	First Named Inventor	William M. Parrott	
	Art Unit	21:7	
	Examiner Name	Meislahn, Douglas J.	
Total Number of Pages in This Submission	11	Attorney Docket Number	42:90P12216

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Certificate of Facsimile</div>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kenneth J. Cool, Reg. No. 40,570 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	June 30, 2004

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Krista Mathieson	Date	June 30, 2004
Signature		Date	June 30, 2004

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 06/04/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2004 Effective 01/01/2004. Patent fees are subject to annual revision.		Complete If Known	
		Application Number	09/385,607
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	August 30, 1999
		First Named Inventor	William M. Parrott
		Examiner Name	Meislahn, Douglas J.
TOTAL AMOUNT OF PAYMENT		(\$)	440.00
		Art Unit	2137
		Attorney Docket No.	12390P12216

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.18, 1.17, 1.18 and 1.20. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued) 3. ADDITIONAL FEES																																																																																																																																																																																																																																																			
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1202	18	2202	9	Claims in excess of 20																																																																																																																																																																																																																																																	
1201	88	2201	43	Independent claims in excess of 3																																																																																																																																																																																																																																																	
1203	290	2203	145	Multiple Dependent claim, if not paid																																																																																																																																																																																																																																																	
1204	88	2204	43	**Reissue independent claims over original patent																																																																																																																																																																																																																																																	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent																																																																																																																																																																																																																																																	
SUBTOTAL (2)					(\$)																																																																																																																																																																																																																																																
*or number previously paid, if greater. For Reissues, see below																																																																																																																																																																																																																																																					

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kenneth J. Cool	Registration No. (Attorney/Agent)	40,570
Signature		Telephone	(408) 850-1229
		Date	6/30/04

Based on PTO/SB-17 (10-03) as modified by Blakely, Solokoff, Taylor & Zilman (w/r) 02/10/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460